

# BEXAR COUNTY

# EMERGENCY SERVICE

## DISTRICT #2

### Seeks Full-Time Battalion Chief

#### Operations

#### Position Summary

The Battalion Chief (BC) operates under the direction of the Chief and Asst. Chief. The BC will operate as the highest ranking Chief Officer in the absence of the Chief and Asst. Chief. The BC will manage the day-to-day fire department operations, maintain Department personnel schedule and function as a program manager/supervisor in one of the following areas: Inspections/Preplan, Public Education, or Department Training as well as other duties assigned by the Chief. This position is classified as Non-Exempt for purposes of the Fair Labor Standards Act.

#### Minimum Qualifications

Five (5) years total fire service experience with a **full-time** paid or combination fire department;

Two (2) years' experience supervising ten (10) or more;

Two (2) years Incident command experience;

TCFP certification as a Firefighter basic;

TCFP Driver/Operator certification;

TCFP Fire Officer I & II;

Texas Department of State Health Services EMT-Basic;

Demonstrated ability to provide effective written and verbal communications to subordinates;

Ability to motivate, train, and discipline subordinates;

Experience in combination (paid/volunteer) fire departments;

Successful completion of NIMS IS-100, IS-200, IS-700, and IS-800 (must obtain IS-300 & IS-400 within one year of appointment) and;

Valid Class B or Class B Exempt Texas Driver License

Possess no felony convictions, no misdemeanor conviction involving moral turpitude or pattern of misdemeanor convictions, no pending misdemeanor or felony charges, not a habitual drunkard or gambler, no use of illegal drugs in the past ten years, never sold illegal drugs.

### **Desired Qualifications**

EMT-Paramedic;

Advanced certifications in hazmat, such as hazmat Technician or specialized WMD Certification;

TCFP Instructor I, II & III;

Inspector;

Fire Investigator; and,

Incident Command Certifications and experience.

**The Fire Chief shall determine equivalency for any educational and/or years of experience requirements;**

### **SELECTION GUIDELINES**

Formal application; review of education, training and experience, appropriate post-offer, pre-employment testing and interviews, background check, physical agility, drug screening, final selection and, where appropriate, pre-appointment medical examination.

Appointees will be subject to completion of a standard 90 day probationary period.

The examples of duties are intended only as illustrations of the various types of work performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and the employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

### **Salary and Benefits**

- Starting pay \$47,486 year.
- After completion of a 90 day probation period, Paid Health Insurance for employee.
- After completion of a 90 day probation period, Three (3) 24 hour shifts paid vacation in the first year of employment and five (5) 24 hour shifts thereafter.
- After completion of a 90 day probation period, enrolment into a retirement program.

**Employment Status:** At Will

**Hours:** Shift Work 48/96

**Rotating Shifts:** A, B, C

**Closing Date:** Open until Filled

**BEXAR COUNTY**  
**EMERGENCY SERVICE DISTRICT**  
**NO. 2**

**APPLICATION FOR EMPLOYMENT**

**GENERAL INFORMATION**

PLEASE PRINT / USE BLUE OR BLACK INK

NAME: \_\_\_\_\_  
LAST FIRST MI

ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Number of years at present address: \_\_\_\_ If less than 5 years, give previous address.

PREVIOUS ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DRIVER'S LICENSE AND CLASS \_\_\_\_\_  
(LICENSE #) (CLASS) (ISSUING STATE)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( MM / DD / YYYY )

Upon employment, can you provide verification of your legal right to work in the United States? ☐ Yes ☐ No

Are you related to any Bexar County Emergency Service District # 2 employees? ☐ Yes ☐ No

If yes, who? \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEMBERSHIP PREFERENCE**

Position Applying for: \_\_\_\_ Battalion Chief \_\_\_\_\_

Shifts I am willing to work: ☐ Shift Work

You may be asked to work over-time hours,  
If requested to do so, are you capable of working these hours? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

Available Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( MM / DD / YYYY )

**BACKGROUND HISTORY**

Have you ever been convicted of a Class "B" Misdemeanor or higher? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

## EMPLOYMENT HISTORY

Current or Most Recent Employer

Your Title/Position

Street Address

Supervisor and Title

Phone

City, State, Zip

Another Supervisor or Co-Worker

Phone

Business Phone

\_\_\_\_/\_\_\_\_/\_\_\_\_

Start Date

End Date

Department in which you work(ed)

Beginning Pay

Ending Pay

Responsibilities: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer

Your Title/Position

Street Address

Supervisor and Title

Phone

City, State, Zip

Another Supervisor or Co-Worker

Phone

Business Phone

\_\_\_\_/\_\_\_\_/\_\_\_\_

Start Date

End Date

Department in which you worked

Beginning Pay

Ending Pay

Responsibilities: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer

Your Title/Position

Street Address

Supervisor and Title

Phone

City, State, Zip

Another Supervisor or Co-Worker

Phone

Business Phone

\_\_\_\_/\_\_\_\_/\_\_\_\_

Start Date

End Date

Department in which you worked

Beginning Pay

Ending Pay

Responsibilities: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

### MILITARY SERVICE

U.S. Military Service? ☐ Yes ☐ No Branch: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Special Skills \_\_\_\_\_  
Start Date End Date

### VOLUNTEER HISTORY

Current or Most Recent Department \_\_\_\_\_ Your Title/Position \_\_\_\_\_  
Street Address \_\_\_\_\_ Supervisor and Title \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Another Supervisor or Co-Worker \_\_\_\_\_ Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_  
Start Date End Date  
Department in which you work(ed) \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
Department \_\_\_\_\_ Your Title/Position \_\_\_\_\_  
Street Address \_\_\_\_\_ Supervisor and Title \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Another Supervisor or Co-Worker \_\_\_\_\_ Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_  
Start Date End Date  
Department in which you worked \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

Department \_\_\_\_\_

\_\_\_\_\_  
Your Title/Position

Street Address \_\_\_\_\_

\_\_\_\_\_  
Supervisor and Title

\_\_\_\_\_  
Phone

City, State, Zip \_\_\_\_\_

\_\_\_\_\_  
Another Supervisor or Co-Worker

\_\_\_\_\_  
Phone

Business Phone \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Start Date

\_\_\_\_/\_\_\_\_/\_\_\_\_  
End Date

Department in which you worked \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

## EDUCATION

### HIGH SCHOOL

High School \_\_\_\_\_

\_\_\_\_\_  
City / State

Name Used While Attending \_\_\_\_\_

\_\_\_\_\_  
Phone

Did you receive? ☐ Diploma ☐ GED  
(Check One, If Applicable)

### COLLEGE / TRAINING INSTITUTIONS

\_\_\_\_\_  
Name of College/Institution

\_\_\_\_\_  
Name of College/Institution

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Degree / Certification Achieved

\_\_\_\_\_  
Degree / Certification Achieved

\_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Attended From

\_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Attended From

Do you currently have an active certification as a TCFP Firefighter or higher? ☐ Yes ☐ No

If TCFP, what level? \_\_\_\_\_

Do you currently have an active certification as an Emergency Medical Technician – Basic or higher, through the Texas Department of State Health Services (Formerly TDH – Texas Department of Health)? ☐ Yes ☐ No

If so what level? ☐ EMT-Basic ☐ EMT - Intermediate ☐ Paramedic ☐ Licensed Paramedic

Other Special Skills or Certifications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**  
*(All Fields Required)*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

How did you hear about this opening?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: It is possible that Bexar County ESD No. 2 may not interview or offer employment to all applicants for vacancies. All applicants chosen to be interviewed will be contacted. Applications will be considered "active" for 90 days following their submission. Thereafter, applicants who desire to be considered further must submit a new application.**

I, the undersigned applicant, certify that facts contained in this application are true and complete to the best of my knowledge, and understand that false, misleading, incomplete, or omitted facts on this application, resumes, or other exhibits will result in rejection of the application and/or immediate dismissal from employment, whenever discovered.

I, the undersigned applicant, authorize Bexar County ESD No. 2, its subsidiaries or affiliates or Research Company of its choosing, its agent and designated Company personnel, to conduct a verification of my education, previous employment/work history, criminal background history, credit history, motor vehicle records and to contact my personal references.

I, the undersigned applicant, have also been informed that should I receive an offer from Bexar County ESD No. 2 to join and accept and/or wish to remain a member with Bexar County ESD No. 2, its subsidiaries or affiliates, I may be required at any time to submit to a substance abuse test for the detection of alcohol, drugs or controlled substance in my system. I authorize the collecting Doctor or medical clinic to release the results of these tests to the President and/or Fire Chief of Bexar County ESD No. 2 its subsidiaries or affiliates, with the understanding that this information will be kept confidential and be used for the sole purpose of determining my suitability for membership and/or continued membership.

I understand that, if accepted, this application does not constitute a contract of membership for any specific period of time. I further understand that all membership is at will and may be terminated by notification from either party at any time, with or without cause, and without prior notice.

I understand that no representative of Bexar County ESD No. 2 its subsidiaries or affiliates is authorized to enter into any contract for membership for any specified period of time or to assure any other personnel action, either prior to commencement of membership or after I have become a member, or make any agreement to the foregoing.

If membership is offered and accepted, I agree to comply with all the rules and regulations of the Department including Standard Operating Guidelines, policies and the "Employee Handbook". Additionally, I understand that if I am hired, the documents listed above will **not** constitute contracts between the Department and me.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## Authorization and Consent for Release of Personal and Employment Information

I, \_\_\_\_\_ consent and authorize Bexar County Emergency Service District # 2 and its authorized agents, to conduct a pre-employment background search on me. You are hereby authorized and requested to reveal and to discuss with Bexar County Emergency Service District # 2, or its authorized representatives, any and all information you have concerning my employment history, credit history, criminal history, academic history, medical condition, driving record, personal habits, general demeanor, or any other information deemed pertinent to my background.

I further understand that an investigative consumer report concerning me may include information about my character, general reputation, personal characteristics and mode of living. Under Federal Trade commission, Fair Credit Reporting Act, and Federal and State Law, I am entitled to receive a free copy of any consumer report containing public information obtained directly by the employer; or all of the information obtained by the investigative reporting agency within three days of the time the report is release to the employer along with a copy of "Your Rights Under the Fair Credit Reporting Act." State and Federal laws also require the employer to give me notice, if adverse action is take based upon the contents either wholly or partly because of information contained in an investigative consumer report, along with a copy of the investigative report. I understand I have the right to dispute directly with the consumer reporting agency any findings within any consumer/investigative report, if the dispute is made in writing by me within 60 days of the date of the adverse action.

I understand that the information you may release is personal and confidential so, I release you, the persons, individuals, companies, corporations and entities, as well as Bexar County Emergency Service District # 2 from any liability for obtaining and providing any and all such information for the purpose of preparing this personal and/or employment background evaluation only.

I hereby waive any and all claims for damage or injury as a result of obtaining and providing this information as to Bexar County Emergency Service District # 2. I further agree to indemnify and hold harmless Bexar County Emergency Service District # 2 and the individual and companies releasing this information for any and all claims, costs, damages, or injury, which may occur as a result of obtaining and providing such personal and confidential information. This authorization is to remain in effect during my entire employment if selected for employment.

**I have read the foregoing and agree to be bound by the terms of this authorization and release.**

**PLEASE PRINT CLEARLY**

Full Legal Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address (past seven years): \_\_\_\_\_

Previous Address (past seven years): \_\_\_\_\_

Previous Address (past seven years): \_\_\_\_\_

Previous Address (past seven years): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (for identification purposes only): \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Drivers License/Identification Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I have read this Authorization and Consent for Release of information and fully understand the terms of this release:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THE APPLICATION.**

- Copy of Birth Certificate.
- Copy of High School Diploma or G.E.D. Certificate (for non-High School members).
- Copy of College transcripts and/or diploma.
- Copy of Texas ECA, EMT-Basic or Paramedic Certification.
- Copy of Motor Vehicle insurance.
- Copy of TCFP Certificate.
- Copy of all Certifications, if applicable towards Fire/EMS service.
- Photocopy of your Driver's License.
- Original copy of driving record form Texas DMV
- Copy of Military Form DD-214, if applicable.

